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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						Application Number 10-775129	Filing Date					
						Applicant(s)						
						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1							51					
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48							98					
49							99					
50							100					
Total Indep	2						Total Indep					
Total Depend	6						Total Depend					
Total Claims	8						Total Claims					

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